

# APPEALS FORM



PERSONAL DETAILS		
Name:		
Contact number:		
Course: (If course related)		
APPEAL DETAILS		
<input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment	<input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions	
Outline the reason for your appeal:		
Office Use only:	Appeal discussed with the assessor      Y    N Appeal has been successfully resolved      Y    N	
PLEASE LIST ANY EVIDENCE YOU WILL BE SUBMITTING WITH YOUR APPLICATION		
ACKNOWLEDGEMENT/ PRIVACY		
I declare that all of the information provided on this form is true and correct, to the best of my knowledge		
Name:	Signature:	Date:
<i>The information provided on this form will be used to resolve your appeal. None of the information provided on this form will be disclosed to anyone outside of the AILC without your permission.</i>		

**OFFICE USE ONLY**

Received by staff member: ..... Date: .....

Appeal outcome:

- |  |             |
|--|-------------|
| <input type="checkbox"/> Successful                  | Date: ..... |
| <input type="checkbox"/> Unsuccessful                | Date: ..... |
| <input type="checkbox"/> Appeal recorded in register | Date: ..... |
| <input type="checkbox"/> Written notification sent   | Date: ..... |